

1. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

132
0605772
Reg. Dist. No.

1. PLACE OF DEATH

Garrett
County
GormanCity or town
(If outside city or town limits, write RURAL and give nearest town)

29½ yrs.

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mamie Marie Dignan

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

James Hayes Dignan

7. Birth date of deceased (mo., day, yr.)

Oct. 24, 1880

6. (c) If alive, give age years

8. AGE:

66

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Webster Springs, W. Va.

(Town, city, and state)

10. Usual occupation

Own Home

11. Industry or business

Adam Wesley Cogar

Webster Springs, W. Va.

Sarah Jane

14. Maiden name

Webster Springs, W. Va.

Thomas N. Dignan

Gorman, W. Va.

Address

17. Burial

Date thereof July 21, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Pope Cemetery

Gorman, Garrett Co., Md.

Location

18. Funeral director

Otha F. Sharpless

Blaine, W. Va.

Address

July 19, 1947

Date rec'd by registrar

A. E. Barnes
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Gorman

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number
None

MEDICAL CERTIFICATION

July 17

47

11P.

2D. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h.c. alive on

Immediate cause of death

Acute myocarditis

DURATION

Due to

Atrial fibrillation

?

Due to

Hypertension

?

Other conditions

Nephritis with edema

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Ralph C. Farrelly, M.D. or other
Kingsbury, Md. Date signed July 19, 1947

RECEIVED

AUG 2 1947

BUREAU of

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

Q6058

CERTIFICATE OF DEATH

Reg. Dist. No. 168

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

m

5. Color or race

w

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Dec 10-1886

8. AGE:

Years

Months

Days

If less than one day

60

6

25

.hrs.

min.

9. Birthplace (Town, county and state)

Ginger - Garrett - Md.

(Town, county and state)

10. Usual occupation

Turned clay mixer

11. Industry or business

John D. Ginger

12. Name

John D. Ginger

13. Birthplace

Ginger, Md.

14. Maiden name

Rachel Balden

15. Birthplace

Md.

16. Informant

Mrs. Howard Wagner

Address

Ginger, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof (month) (day) (year)

Cemetery or

Ginger

Location

Ginger, Md.

18. Funeral director

J. J. Dunn

Address

Ginger, Md.

19. Date record by registrar

July 7, 1947

M. D. or other

Michael

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Baltimore

City or town

Ginger - Frostburg, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH

July 5, 1947, at 10:30 A.M.

I CERTIFY that death occurred on the date above stated: that I attended deceased from

July 1, 1947, to July 5, 1947.

and that I last saw him alive on July 5, 1947.

Immediate cause of death

Cerebral hemorrhage

DURATION

5 days

10 yrs.

Due to

Cardiovascular

renal disease

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Hilda J. J. Dunn, M.D.

Address Frostburg Date signed 7/17/47

RECEIVED

JUN 10 1947

SEARCHED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

132

CERTIFICATE OF DEATH

Reg. Dist. No. 0605966

1. PLACE OF DEATH: Garrett
County. Garrett
City or town. Deer Park, Md.
(If outside city or town limits, write RURAL and give nearest town)
53 years.
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State. Maryland County. Garrett
City or town. Deer Park, Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war.

3. (a) FULL NAME
John Holtschneider.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced
Male White Married.
6.(b) Name of husband or wife. Elizabeth Holtschneider.
6.(c) If alive, give age 84 years
7. Birth date of deceased (mo., day, yr.) January 16th, 1864.
8. AGE: Years Months Days If less than one day
83 5 20 hrs. min.
9. Birthplace. Germany.
(Town, county, and state)
10. Usual occupation. Retired Farmer.
11. Industry or business
12. Name. Fred Holtschneider.
13. Birthplace. Germany.
14. Maiden name. Unknown.
15. Birthplace. Germany.
16. Informant. Albert Holtschneider.
Address. Deer Park, Maryland.
17. Burial Date thereof. July 8/47
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory. St. Ambrose Cemetery.
Location. Cresaptown, Maryland.
18. Funeral director. George D. Boldeur.
Address. Oakland, Md.
19. (Date recd by registrar) July 8, 1947 Julian Rowan
Registrar

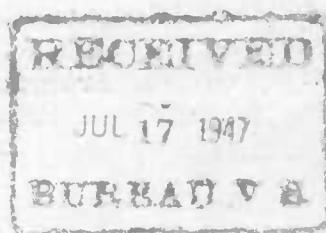
3. (b) Social Security Number
None

MEDICAL CERTIFICATION P.M.
20. DATE OF DEATH July 5th, 1947 at 5:45
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Jan. 29th to 47, to July 5th 1947
and that I last saw him alive on July 3rd. 1947
Immediate cause of death
Arteriosclerosis. High Blood
Pressure and Nephritis
Due to. Heart attack
Due to.
Other conditions
(Include pregnancy within 3 months of death)
Major findings or operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?
23. SIGNATURE. George D. Boldeur
Address. Oakland, Maryland
M. D. or other
Date signed. July 7th
(Signature)

Mr. Tolson

Please allow time and sign
as soon as you return.

Please complete family history if
possible. Thank you. J.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93a

06060

CERTIFICATE OF DEATH

Reg. Dist. No. 167

1. PLACE OF DEATH:

County..... Garret

City or town..... Near Bayard, W. Va.

(If outside city or town limits, write RURAL and give nearest town)

Died at Residence

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

David William McAtee

4. Sex..... 5. Color or race..... 6. (a) Single, married, widowed, or divorced

Male..... White..... Widowed

6. (b) Name of husband or wife..... Ella Michael

7. Birth date of deceased (mo., day, yr.)..... June 20, 1870

6. (c) If alive, give age..... years

8. AGE: Years..... 77 Months..... 1 Days..... 9 If less than one day.....

hrs..... min.....

9. Birthplace..... Morgan County, W. Va.

(Town, county, and state)

10. Usual occupation..... Miner

11. Industry or business..... Coal

12. Name..... Jonathan McAtee

13. Birthplace..... Ireland

14. Maiden name..... Ella

15. Birthplace.....

16. Informant..... Miss Curtis McAtee

Address..... Bayard, W. Va.

17. Burial..... Date thereof..... July 31, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory..... Bayard

Location..... Bayard, W. Va.

18. Funeral director.....

Address..... Davis, W. Va.

19. 7-30-47..... 19-47.....

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland..... County..... Garret

City or town..... Near Bayard, W. Va.

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 29, 1947, at 10:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that deceased from

Jan 1947 to July 22, 1947.

and that I last saw h.f. alive on July 22, 1947.

Immediate cause of death.....

Acute Myocarditis

Due to.....

Amenorrhea

Due to.....

Other conditions.....

Emaciation

Bed Sore

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?.....

23. SIGNATURE.....

Ralph Calandella, M.D.

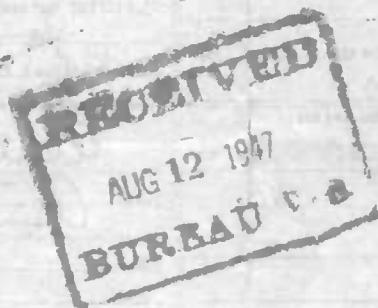
M. D. or other

Address..... 1714 Linda Ln. Date signed..... 7/30/47

RECEIVED DEPARTMENT OF STATE CABLEGRAM

TELEGRAM TO CHIEF OF STAFF, U.S. ARMY

RECORDED IN CABLE LOG



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06061

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH
Garrett
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
47 yrs.
How long in above place of death?
Hospital, institution or street address where death occurred:
E. Main Street

How long in hospital or institution?

3. (a) FULL NAME
Emma Louise Paugh

4. SEX
Female
5. Color or race
White
6. (a) Single, married, widowed, or divorced
Widowed

William Henry Paugh

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)
June 12, 1871

8. AGE: Years
76 Months
1 Days
12 If less than one day
..... hrs. min.

near Mt. Zion, Garrett Co., Md.

9. Birthplace.....
(Town, county, and state)

Housework

10. Usual occupation.....
Own Home

11. Industry or business

12. Name.....
John W. Harvey
13. Birthplace.....
Garrett Co., Md.

MOTHER FATHER
14. Maiden name.....
Sarah E. Davis
15. Birthplace.....
Garrett Co., Md.

16. Informant.....
Frank Paugh

Address.....
Kitzmiller, Md.

Burial

17. (Burial, cremation, or removal. Which?) Date thereof.....
July 27, 1947
(month) (day) (year)

Cemetery or crematory.....
Mt. Zion Cemetery

Location.....
Mt. Zion, Garrett Co., Md.

18. Funeral director.....
Otha F. Sharpless

Address.....
Blaine, W. Va.

19. (Date rec'd by registrar) 19. 47 (Signature) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland
County..... Garrett
City or town..... Kitzmiller
(If outside city or town limits, write RURAL and give nearest town)
Street No..... E. Main Street
(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number
None

MEDICAL CERTIFICATION

July 24 47

20. DATE OF DEATH.....
19. 47, to 19. 47

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
and that I last saw him..... deceased on..... 19. 47
.....

Immediate cause of death.....

Caving Thrombosis

Due to.....

Arterial Thrombosis

Due to.....

Hypertension

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

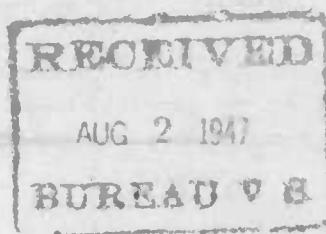
Means of injury.....

Injured at work?

23. SIGNATURE..... Ralph Claudell M.D.

M. D. or other

Address..... Kitzmiller, Md. Date signed July 25, 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06062

131a

CERTIFICATE OF DEATH

Reg. Dist. No. 167

1. PLACE OF DEATH: Garrett
 County.....
 City or town..... Oakland, Md., Route #2.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Life time
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State..... Maryland County..... Garrett
 City or town..... Route #2, Oakland, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)

3. (a) FULL NAME
 Floyd Shaffer.

3. (b) Social Security Number
 None.

4. Sex..... Male 5. Color or race..... White 6. (a) Single, married, widowed, or divorced
 Widower.

6. (b) Name of husband or wife..... Amelia Roth Shaffer.
 Deceased

6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... July 25th, 1870.

8. AGE: Years..... 76 Months..... 11 Days..... 23 If less than one day
 hrs..... min.....

9. Birthplace..... West Virginia.
 (Town, county, and state)

10. Usual occupation..... Retired farmer.

11. Industry or business
 12. Name..... Obed T. Shaffer.

13. Birthplace..... Virginia.

14. Maiden name..... Alemedia Gower. Gauer

15. Birthplace..... Maryland.

16. Informant..... Elmer Shaffer.

Address..... Rout #2 Oakland, Md.

17. Burial..... Date thereof..... July 20/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... St. Johns Cemetery.

Location..... Red House, Md.

18. Funeral director..... George D. Baldy

Address..... Oakland, Md.

19. 7/28/..... 1947..... Elmer C. Shaffer

(Date rec'd by registrar)

MEDICAL CERTIFICATION P.M.

20. DATE OF DEATH..... July 18th 1947 at 8:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1947 to 1947, 10 days, 1947.

and that I last saw him alive on July 10, 1947.

Immediate cause of death..... Uremia - Edema

DURATION 6 weeks

Due to..... Cardio-renal-vascular

hypertension

Due to..... Cerebral hemorrhage with

hemiplegia

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations..... None

Date of op.....

Autopsy results..... None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Harold C. Miller, M.D.

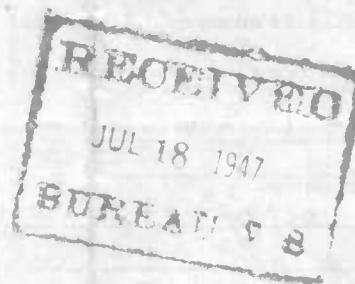
M. D. or other

Address..... Egton W Va. Date signed 7/25/47

Registrar



ITEMS TO TRANSFER STATE OF IOWA



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06063

186a

162

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

Garett

County

City or town. Rural near Grantsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Two Months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Henrietta Smouse

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

F W Married

6. (b) Name of husband or wife Howard Smouse

6. (c) If alive, give age 78 years

7. Birth date of deceased (mo. day, yr.) June 6-1865

8. AGE: Years Months Days If less than one day
82 28 hrs. min.9. Birthplace Rural Near Grantsville Md
(Town, county, and state)

10. Usual occupation House Work

11. Industry or business

12. Name Frances McKenzie

13. Birthplace Rural Near Grantsville Md

14. Maiden name Mary L. Layman

15. Birthplace Frostburg Md

16. Informant Thomas McKenzie

Address Grantsville Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 7-8-1947

(month) (day) (year)

Cemetery or crematory Grantsville

Location Grantsville Md

18. Funeral director Mrs. Allister

Address Grantsville Md

19. July 7 1947 Ethel Smouse

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md

County Garett

City or town Grantsville Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name w/

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4

19 47 at 11 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 10 1947 to July 4 1947

and that I last saw her alive on July 3 1947

Immediate cause of death

Chronic Myocarditis

DURATION

5 yrs

Due to Trauma left hip

3 mo.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Accident

Date of

Several not before death

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Home

(8/27/47)

Means of injury

Fall

Injured at work?

(8/27/47)

23. SIGNATURE

B. H. HOKE, JR. M.D.

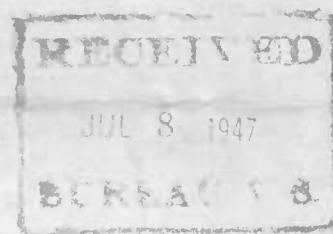
M.D. or other

SALISBURY PA

Date signed 7 JULY 47

Address

Date signed 7 JULY 47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06065

182

CERTIFICATE OF DEATH

Reg. Dist. No. 167

1. PLACE OF DEATH

Garrett
County
Rural Gorman

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 year

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? -----

3. (a) FULL NAME

Steve Stanya

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Divorced

6. (b) Name of husband or wife

Agnes Mellow Stanya

7. Birth date of deceased (mo., day, yr.)

August 11, 1893

6. (c) If alive, give age 51 years

8. AGE:

Years

Months

Days

If less than one day

53

10

23

hrs. min.

9. Birthplace

(Town, county, and state)

Czechoslovakia

10. Usual occupation

Machinist

11. Industry or business

John Stanya

12. Name

MOTHER FATHER

Czechoslovakia

13. Birthplace

Mary -----

14. Maiden name

Czechoslovakia

15. Birthplace

George Stanya

16. Informant

R. D. Gorman, W. Va.

Address

Burial

Date thereof July 9, 1947

17. (Burial, cremation, or removal. Which?)

(month) (day) (year)

Fairview Cemetery

Cemetery or crematory

Location

Garrett Co., Md.

18. Funeral director

Verlert C. Leighton

Address

Oakland, Maryland.

19. 7/10/1947

(Date rec'd by registrar)

Ehmer C. Shaffer

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Rural Gorman

(If outside city or town limits, write RURAL and give nearest town)

Street No. 7 Mi. West Gorman

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number
Not known
card lost

MEDICAL CERTIFICATION

2D. DATE OF DEATH

July 4 1947 at 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Hammered after 10. 1947

and that I last saw h. alive on

Immediate cause of death

Asphyxia

DURATION

Due to Fall in swamp

Due to

Other conditions Alcoholism

DURATION

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Accident Date of 7/4/47

Where did injury occur? Near Gorman Garrett Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) On farm

Cause of injury Fall into swamp Injured at work? No

while junk

23. SIGNATURE

Ed Baumgartner M.D. M. D. or other

Address Oakdale Md. Date signed 7/7/47

